



**ARKANSAS STATE BOARD OF
CHIROPRACTIC EXAMINERS**

**101 East Capitol,
Suite 209
Little Rock, AR 72201**

(501)682-9015

(866)257-8227

APPLICATION FOR EXAMINATION

(Type Application Online)

www.state.ar.us/asbce

1. FULL NAME_____SSN_____
2. PRESENT ADDRESS_____MARITAL STATUS: S M D W
CITY_____STATE_____ZIP_____
3. TELEPHONE NUMBER_____DATE OF BIRTH_____SEX_____
4. PRINT NAME AS YOU WISH IT TO APPEAR ON LICENSE and/or Dr./D.C._____
5. NATIONALITY_____BIRTHPLACE_____NATURALIZED_____
6. HEIGHT_____WEIGHT_____COLOR EYES_____COLOR HAIR_____
7. JURISDICTION OF CURRENT LICENSURE AND ANY OTHER STATES YOU MAY HAVE BEEN LICENSED:

8. HIGH SCHOOL_____LOCATION_____YEAR GRADUATED_____
9. WHAT UNDERGRADUATE COLLEGE(S) HAVE YOU ATTENDED?
NAME_____FROM_____TO_____DEGREE_____
NAME_____FROM_____TO_____DEGREE_____
10. WHAT CHIROPRACTIC COLLEGE(S) HAVE YOU ATTENDED?
NAME_____FROM_____TO_____DEGREE_____
NAME_____FROM_____TO_____DEGREE_____
11. DO YOU HAVE A NATIONAL BOARD CERTIFICATE?_____NUMBER_____
12. HAVE YOU EVER BEEN DISCHARGED OTHER THAN HONORABLY FROM THE ARMED SERVICES? YES_____NO_____
13. HAS ANY LICENSING AUTHORITY EVER DENIED YOU A LICENSE? YES_____NO_____

14. HAS A LICENSE TO PRACTICE CHIROPRACTIC IN ANY OTHER STATE BEEN REVOKED?
YES____NO__
15. HAVE YOU EVER BEEN ARRESTED? YES____ NO____ CHARGE?_____
16. HAVE YOU EVER BEEN ADDICTED TO ANY CHEMICAL SUBSTANCE INCLUDING
ALCOHOL? YES _____ NO_____
17. HAVE YOU HAD A MALPRACTICE ACTION FILED AGAINST YOU?_____
18. HAVE YOU BEEN CONVICTED OR PARDONED FROM A FELONY OR CRIMINAL CONVICTION?_____
19. IS THERE A CRIMINAL PROCEEDING PENDING AGAINST YOU NOW?_____
20. HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR LICENSE OR ALLOWED IT TO LAPSE?_____
21. HAVE YOU EVER HAD ANY DISCIPLINARY ACTION BROUGHT AGAINST YOU BY A STATE BOARD
OR FEDERAL AGENCY, OR IS THERE ANY SUCH ACTION NOW PENDING?_____

**AFFIDAVIT OF
NOTARY PUBLIC**

COUNTY OF _____

STATE OF _____

Before me personally appeared _____ of lawful age.

who signed this document of application and being by me duly sworn, on oath, states that all
the statements in this application, or attachments, is true and correct to the best of
his/her _____ knowledge and belief.

Signed and sworn to before me this _____ day of _____, 20__.

My commission expires the _____ day of _____, 20__.

Seal

(Signature of Notary)

OUT-OF-STATE CERTIFICATE

TO THE ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS:

This is to certify that Dr. _____, was granted license number _____ after examination or reciprocity to practice chiropractic by the _____ State Board of Chiropractic Examiners on the _____ day of _____, 20____ and that said license is still in full force and good standing.

If applicant received license by reciprocity, specify which state or national board in the following space: _____. I further certify that this Board has never disciplined the applicant.

Dated this _____ day of _____, 20_____

SIGNED _____

SEAL

TITLE _____

CHIROPRACTIC COLLEGE CERTIFICATE SECTION

STATE OF _____

COUNTY OF _____

I, _____, being duly sworn, depose and say:

I am in possession and control of the records of the student attendance of the

_____ COLLEGE and said records disclosure that

_____, a resident of _____

entered this institution on the _____ day of _____, 20____, and was or will be graduated

on the _____ day of _____, 20____.

Continued on page 4.

Continued from page 3.

CHIROPRACTIC COLLEGE SECTION

The classroom and laboratory instruction in subjects and hours attended and completed by said _____ are as follows:

NUMBER OF PHYSICAL EXAMINATIONS _____
NUMBER OF URINALYSIS _____
NUMBER OF CBC'S _____
NUMBER OF BLOOD CHEMISTRIES _____
NUMBER OF X-RAY EXAMINATIONS _____
NUMBER OF PATIENT TREATMENTS _____
INCLUDING DIAGNOSTIC, ADJUSTIVE TECHNIQUE _____
AND PATIENT EVALUATION _____
WRITTEN INTERPRETATIONS OF X-RAYS _____
PRACTICAL CLINICAL EXPERIENCE HOUR _____

SEAL

SIGNED: _____

TITLE: _____

DATE: _____

RECOMMENDATION

Being personally acquainted with _____ for _____ years, and recognizing the photograph attached hereto as one of the applicant, we, the undersigned, certify that _____ is not addicted to intoxicants or drugs and we recommend _____ to the Arkansas State Board of Chiropractic Examiners as a person of high moral character and worthy of professional recognition and confidence.

(Two Drs. of Chiropractic sign below)

1.) SIGNED: _____

ADDRESS: _____

LICENSE #: _____

(Applicant attach recent photo here)
2X2

2.) SIGNED: _____

ADDRESS: _____

LICENSE #: _____

(Fingerprint of Right Thumb)



**APPLICANT CHECK LIST
DOCUMENTS SUBMITTED:**

Will you present NB Part IV transcript? ____Yes ____No

Check or money order for \$150.00

**Signature of Officer Taking
Print or Signature of Notary**

Orientation Fee \$ 50.00

CHIROPRACTIC DIPLOMA (OR DATE YOU WILL GRADUATE) _____

CHIROPRACTIC TRANSCRIPT (SENT DIRECTLY FROM COLLEGE) _____

UNDER-GRADUATE TRANSCRIPT (TO MEAN
THAT NOT LESS THAN SIXTY SEMESTER-HOUR
CREDITS, A MINIMUM OF THIRTY SEMESTER-HOUR
CREDITS SHALL BE IN PURE SCIENCE SUBJECTS:) _____

NATIONAL BOARD TRANSCRIPT, PARTS
I, II, III, IV AND PHYSIOLOGICAL THERAPEUTICS
(**WITH VALIDATED NATIONAL BOARD SEAL**). _____

All application materials must be in the hands of the Executive Director 45 days prior to the
EXAMINATION DATE, in order to be evaluated for admission to the examination.

NO LATE APPLICATIONS WILL BE ACCEPTED.

Page 4. Completed application signed by two Chiropractic Physicians:_____

SUBMIT ONE LETTER OF RECOMMENDATION FROM A PROFESSIONAL OF FIVE YEARS EXPERIENCE
ON THEIR LETTERHEAD. 1. _____

CERTIFYING STATEMENT

I certify that I am the applicant whose photo appears on page 1 and mentioned in this application and that all statements are true and correct to my knowledge and belief. I further certify that the photograph attached is a true likeness of myself. In addition, I certify that if granted a license to practice chiropractic in the State of Arkansas by the State Board of Chiropractic Examiners: I do hereby agree to abide by the laws governing the practice of Chiropractic in this state, all Board Rules, Regulations and its Code of Ethics, now in force or as may hereafter be adopted by said Board. By my signature below I certify that I understand and shall abide by same.

[Signature of Applicant]

PRACTICE EXPERIENCE APPLICANTS: WORK HISTORY SYNOPSIS

I have had a minimum of _____ months or years _____ with verifiable chiropractic practice experience. Complete, detailed information relative to this experience as follows:

SIGNATURE OF APPLICANT

Do you plan to submit the National Board of Chiropractic Examiners transcript Part IV?
☐ YES ☐ NO